



WEBSTER J. GUILLORY
ORANGE COUNTY ASSESSOR

CHANGE OF OWNERSHIP STATEMENT
REAL PROPERTY OR MANUFACTURED HOMES
SUBJECT TO LOCAL PROPERTY TAXES

County of ORANGE, Office of Assessor

Address: P.O. BOX 1948 SANTA ANA, CA 92702-1948

Telephone: (714) 834-5031

Correct mailing address if necessary.

Name and Address of Buyer/Transferee *[last name, first name(s), initial]*

Seller/Transferor _____

(Last name, first name(s), initial)

RECORDING DATA

Date _____

Document Number _____

Book _____ Page _____

File This Statement By _____

Assessor's Parcel Number _____

Property Address _____

Legal Description _____

Phone No. (8 a.m.-5 p.m.) () _____

IMPORTANT NOTICE

The law requires any transferee acquiring an interest in real property or manufactured home subject to local property taxation, and that is assessed by the Assessor, to file a Change of Ownership Statement with the County Recorder or Assessor. The Change of Ownership Statement must be filed at the time of recording or, if the transfer is not recorded, within 45 days of the date of the change in ownership, except that where the change in ownership has occurred by reason of death the statement shall be filed within 150 days after the date of death or, if the estate is probated, shall be filed at the time the inventory and appraisal is filed. The failure to file a change in ownership statement within 45 days from the date of a written request by the Assessor results in a penalty of either: (1) One hundred dollars (\$100), or (2) 10 percent of the taxes applicable to the new base year value reflecting the change in ownership of the real property or manufactured home, whichever is greater, but not to exceed two thousand five hundred dollars (\$2,500) if that failure to file was not willful. This penalty will be added to the assessment roll and shall be collected like any other delinquent property taxes, and be subject to the same penalties for nonpayment.

This notice is a written request from the Office of the Assessor for a Change of Ownership Statement. If you do not file this statement, it will result in the assessment of a penalty. This statement will be held secret as required by section 481 of the Revenue and Taxation Code.

The property which you acquired may be subject to a supplemental assessment in an amount to be determined by the ORANGE COUNTY Assessor. For further information on your supplemental roll obligation, please call the ORANGE COUNTY ASSESSOR at (714) 834-2941

PART I: TRANSFER INFORMATION *(Please answer all questions.)*

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | A. Is this transfer solely between husband and wife (addition of a spouse, death of a spouse, divorce settlement, etc.)? |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Is this transaction only a correction of the name(s) of the person(s) holding title to the property (e.g., a name change upon marriage)?
Please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Is this document recorded to create, terminate, or reconvey a lender's interest in the property? |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Is this transaction recorded only as a requirement for financing purposes or to create, terminate, or reconvey a security interest (e.g., cosigner)? Please explain: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Is this document recorded to substitute a trustee of a trust, mortgage, or other similar document? |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Did this transfer result in the creation of a joint tenancy in which the seller (transferor) remains as one of the joint tenants? |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Does this transfer return property to the person who created the joint tenancy (original transferor)? |
| <input type="checkbox"/> | <input type="checkbox"/> | H. Is this transfer of property: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. to a revocable trust that may be revoked by the transferor and is for the benefit of the <input type="checkbox"/> transferor <input type="checkbox"/> transferor's spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. to a trust that may be revoked by the Creator/Grantor who is also a joint tenant, and which names the other joint tenant(s) as beneficiaries when the Creator/Grantor dies? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. to an irrevocable trust for the benefit of the <input type="checkbox"/> Creator/Grantor and/or <input type="checkbox"/> Grantor's spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. to an irrevocable trust from which the property reverts to the Creator/Grantor within 12 years? |
| <input type="checkbox"/> | <input type="checkbox"/> | I. If this property is subject to a lease, is the remaining lease term 35 years or more including written options? |
| <input type="checkbox"/> | <input type="checkbox"/> | * J. Is this a transfer between parent(s) and child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No or from grandparent(s) to grandchild(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | * K. Is this transaction to replace a principal residence by a person 55 years of age or older? Within the same county? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | * L. Is this transaction to replace a principal residence by a person who is severely disabled as defined by Revenue and Taxation Code section 69.5? Within the same county? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> | <input type="checkbox"/> | M. Is this transfer solely between domestic partners currently registered with the California Secretary of State? |

*If you answered **yes** to J, K or L, you may qualify for a property tax reassessment exclusion, which may result in lower taxes on your property. If you do not file a claim, it will result in the reassessment of the property.

Please provide any other information that will help the Assessor to understand the nature of the transfer.

IF YOU HAVE ANSWERED **YES** TO ANY OF THE ABOVE QUESTIONS **EXCEPT J, K OR L**, PLEASE SIGN AND DATE,

OTHERWISE COMPLETE THE REVERSE SIDE.

Please write Assessor's Parcel Number(s): _____

PART II: OTHER TRANSFER INFORMATION

- A. Date of transfer if other than recording date _____.
- B. Type of transfer. *(Please check appropriate box.)*
- | | | | | |
|---|--|-------------------------------|--|---|
| <input type="checkbox"/> Purchase | <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Gift | <input type="checkbox"/> Trade or exchange | <input type="checkbox"/> Merger, stock, or partnership acquisition |
| <input type="checkbox"/> Contract of sale — Date of contract _____ | | | | <input type="checkbox"/> Sale/Leaseback |
| <input type="checkbox"/> Inheritance — Date of death _____ | | | | <input type="checkbox"/> Other: Please explain: _____ |
| <input type="checkbox"/> Creation of a lease | <input type="checkbox"/> Assignment of a lease | | | <input type="checkbox"/> Termination of a lease. Date lease began _____ |
| <input type="checkbox"/> Original term in years (including written options) _____ | | | | Remaining term in years (including written options) _____ |
- C. Was only a partial interest in the property transferred? ☐ Yes ☐ No If **yes**, indicate the percentage transferred _____%.

PART III: PURCHASE PRICE AND TERMS OF SALE

- A. CASH DOWN PAYMENT OR VALUE OF TRADE OR EXCHANGE (excluding closing costs) Amount \$ _____
- B. FIRST DEED OF TRUST @ _____% interest for _____ years. Pymts./Mo. = \$ _____ (*Prin. & Int. only*) Amount \$ _____
- | | | |
|--|---|--|
| <input type="checkbox"/> FHA (_____ Discount Points) | <input type="checkbox"/> Fixed rate | <input type="checkbox"/> New loan |
| <input type="checkbox"/> Conventional | <input type="checkbox"/> Variable rate | <input type="checkbox"/> Assumed existing loan balance |
| <input type="checkbox"/> VA (_____ Discount Points) | <input type="checkbox"/> All inclusive D.T. (\$_____ Wrapped) | <input type="checkbox"/> Bank or savings & loan |
| <input type="checkbox"/> Cal-Vet | <input type="checkbox"/> Loan carried by seller | <input type="checkbox"/> Finance company |
- Balloon payment ☐ Yes ☐ No Due Date _____ Amount \$ _____
- C. SECOND DEED OF TRUST @ _____% interest for _____ years. Pymts./Mo. = \$ _____ (*Prin. & Int. only*) Amount \$ _____
- | | | |
|---|--|--|
| <input type="checkbox"/> Bank or savings & loan | <input type="checkbox"/> Fixed rate | <input type="checkbox"/> New loan |
| <input type="checkbox"/> Loan carried by seller | <input type="checkbox"/> Variable rate | <input type="checkbox"/> Assumed existing loan balance |
- Balloon payment ☐ Yes ☐ No Due Date _____ Amount \$ _____
- D. OTHER FINANCING: Is other financing involved not covered in (b) or (c) above? ☐ Yes ☐ No Amount \$ _____
- Type _____ @ _____% interest for _____ years. Payments/Month = \$ _____ (*Principal & Interest only*)
- | | | |
|---|--|--|
| <input type="checkbox"/> Bank or savings & loan | <input type="checkbox"/> Fixed rate | <input type="checkbox"/> New loan |
| <input type="checkbox"/> Loan carried by seller | <input type="checkbox"/> Variable rate | <input type="checkbox"/> Assumed existing loan balance |
- Balloon payment ☐ Yes ☐ No Due Date _____ Amount \$ _____
- E. WAS AN IMPROVEMENT BOND ASSUMED BY THE BUYER? ☐ Yes ☐ No Outstanding balance: Amount \$ _____
- F. TOTAL PURCHASE PRICE (or acquisition price, if traded or exchanged, include real estate commission if paid)
- Total Items A through E** \$
- G. PROPERTY PURCHASED: ☐ Through a broker ☐ Direct from seller ☐ From a family member ☐ Other (*explain*) _____.
- If purchased through a broker, provide broker's name and phone number: _____
- Please explain any special terms, seller concessions, or financing and any other information that would help the Assessor understand the purchase price and terms of sale: _____


PART IV: PROPERTY INFORMATION

- A. TYPE OF PROPERTY TRANSFERRED:
- | | | |
|--|---|--|
| <input type="checkbox"/> Single-family residence | <input type="checkbox"/> Agricultural | <input type="checkbox"/> Timeshare |
| <input type="checkbox"/> Multiple-family residence (no. of units: _____) | <input type="checkbox"/> Co-op/Own-your-own | <input type="checkbox"/> Manufactured home |
| <input type="checkbox"/> Commercial/Industrial | <input type="checkbox"/> Condominium | <input type="checkbox"/> Unimproved lot |
- ☐ Other (Description: i.e., timber, mineral, water rights, etc. _____)
- B. IS THIS PROPERTY INTENDED AS YOUR PRINCIPAL RESIDENCE? ☐ Yes ☐ No
- If **yes**, enter the date of occupancy _____/_____/_____, 20____ or intended occupancy _____/_____/_____, 20____.
- (month) (day) (month) (day)
- C. IS PERSONAL PROPERTY INCLUDED IN THE PURCHASE PRICE (e.g., furniture, farm equipment, machinery, etc.)? (Other than a manufactured home subject to local property tax?) ☐ Yes ☐ No
- If **yes**, enter the value of the personal property included in the purchase price \$ _____ (*Attach itemized list of personal property.*)
- D. IS A MANUFACTURED HOME INCLUDED IN THE PURCHASE PRICE ☐ Yes ☐ No
- If **yes**, how much of the purchase price is allocated to the manufactured home? \$ _____.
- Is the manufactured home subject to local property tax? ☐ Yes ☐ No What is the decal number? _____
- E. DOES THE PROPERTY PRODUCE INCOME? ☐ Yes ☐ No If **yes**, is the income from:
- ☐ Lease/Rent ☐ Contract ☐ Mineral Rights ☐ Other—Explain: _____
- F. WHAT WAS THE CONDITION OF THE PROPERTY AT THE TIME OF SALE?
- ☐ Good ☐ Average ☐ Fair ☐ Poor
- Please explain the physical condition of the property and provide any other information (such as restrictions, etc.) that would assist the Assessor in determining the value of the property: _____

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. **This declaration is binding on each and every co-owner and/or partner.**

Signed in County of _____, California, this _____ day of _____, 20____

SIGNATURE OF OWNER OR CORPORATE OFFICER 	TITLE (if corporate officer/partner)	E-MAIL ADDRESS (optional)
NAME OF NEW OWNER/LEGAL REPRESENTATIVE/CORPORATE OFFICER (typed or printed)		